



TAX RETURN
BUSINESS PRIVILEGE
PUBLIC UTILITY ROOM SURTAX
TRANSIENT RENTAL

City of Tucson / Finance Department
Revenue Division / License Section
255 W. Alameda
Tucson, AZ 85701
(520) 791-4566

CITY LICENSE NO.		
PERIOD COVERED		
FROM	THROUGH	
CYCLE		
OFFICE USE		
a	b	c

SPECIAL NOTICE

*****Effective July 1, 2003 - The City has a 2% Use Tax*****

For Use Tax information, please refer to the Taxpayer Notice recently sent to you, or our website at www.ci.tucson.az.us/finance

**THIS RETURN MUST BE FILED WHETHER OR NOT
ANY TAX IS DUE.**

**THIS RETURN IS DUE ON THE 20th OF THE MONTH
FOLLOWING THE PERIOD IN WHICH TAXES ARE DUE.**

Business Activity	Line	Activity #	Column 1 Gross	Column 2 Allowable pg 2 - Deductions	Column 3 = Net Taxable	Column 4 x Tax Rate	Column 5 = Tax Amount
TRANS RENTALS	1	18				6.00%	
# OF TXBL ROOMS	2	22				\$1.00	
	3						
*If you have one activity, fill in the amount in Column 5. If you have more than one, fill out Schedule B on Page 2.	4	SUBTOTAL (Add Col. 5. Lines 1 through 3)					
	5	ENTER EXCESS CITY TAX COLLECTED*					Plus(+)
	6	SUBTOTAL (Add lines 4 and 5)					Equals (=)
	7	PENALTY & INTEREST (see instruction Sheet)*					Plus (+)
	8	SUBTOTAL (Add lines 6 and 7)					Equals (=)
	9	ENTER CREDIT BALANCE TO BE APPLIED (attach Notice of Credit)*					Minus(-)
	10	ENTER NET AMOUNT DUE (Subtract line 9 from line 8)					Equals (=)
	11	ENTER TOTAL AMOUNT PAID					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID.

Taxpayer's Signature

Date

Paid Preparer's Signature

Print Name

Phone #

Print Paid Preparer's Name

RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE REPORTING PERIOD AND DELINQUENT IF NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH. POSTMARKS ARE NOT REGARDED AS EVIDENCE OF DATE RECEIVED.

Make check payable to: City of Tucson

Return original with remittance in envelope provided to: Collections ** P.O. Box 27320 ** Tucson, AZ 85726

Or pay in person at: Collections ** 255 W. Alameda, 1st floor (City Hall). Overnight deliveries should also be sent to this address.

NOTE: The numbers listed at the top of these columns correspond with the line number for business activity on the front.

BUSINESS NAME:		LICENSE #:	REPORT PERIOD:
SCHEDULE A			
TRANS RENTALS 18		# OF TXBL ROOMS 22	
COLUMN 1		COLUMN 2	COLUMN 3
DISC & REFUND 18		DISC & REFUND 18	
BAD DEBTS 20		BAD DEBTS 20	
TAX COLLECTED 22		OVER 30 DAYS 28	
OVER 30 DAYS 28			
BED TAX (\$1) AMT 37			
TOTAL DEDUCTIONS:		TOTAL DEDUCTIONS:	TOTAL DEDUCTIONS:

SCHEDULE B			
TRANS RENTALS 18	# OF TXBL ROOMS 22		Total
COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4

Compute a Total Due for each activity, enter this amount in Line 5. Add together the amounts in COLUMNS 1, 2, and 3 for each line and put the total in COLUMN 4. Copy the totals in COLUMN 4 into the appropriate box on the first page in COLUMN 5.